

## Data Sheet

<b>USAID Mission:</b>	Kyrgyzstan
<b>Program Title:</b>	Health and Population
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	116-0320
<b>Status:</b>	Continuing
<b>Planned FY 2005 Obligation:</b>	\$3,900,000 FSA
<b>Prior Year Unobligated:</b>	\$2,475,000 FSA
<b>Proposed FY 2006 Obligation:</b>	\$3,730,000 FSA
<b>Year of Initial Obligation:</b>	2001
<b>Estimated Year of Final Obligation:</b>	2007

**Summary:** USAID's quality primary health care (PHC) program is assisting Kyrgyzstan to reform its health sector, thereby creating quality, client-oriented, cost-effective primary health care services nationwide. A range of activities has laid the foundation for a shift to a health system that provides regional models in financing, service delivery improvements, evidence-based medical practices, and restructured facilities. Maternal, child, and reproductive health are directly addressed through these changes. USAID assistance also provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS, tuberculosis (TB), and the related scourge of increasing drug use. While the public health sector is a key focus for reforms, USAID helps non-governmental organizations (NGOs) play an increasingly important role in engaging communities and target populations.

### Inputs, Outputs, Activities:

**FY 2005 Program:** Enhance Health Systems Capacity (\$2,369,000 FSA, \$2,475,000 FSA carryover). The Quality Public Health and Primary Health Care Program (QPHPHC) will provide technical assistance, training, equipment, and commodities to increase access to and utilization of quality primary health care. The activity will improve primary health care delivery of integrated services including maternal and child health and family planning, increase the quality of clinical care and the use of evidence-based medicine (EBM), and extend health care financing and information systems. New payment and health information systems will be extended nationwide and incorporated into infectious disease services. A planned survey will help to compare reform and non-reform sites in terms of health impact, measuring indicators such as infant and child morbidity and mortality. QPHPHC will expand USAID's successful pilot, integrating diagnosis and care for sexually-transmitted infections (STIs) into primary health care at the national level. The project will develop a national implementation plan, expand the training of trainers, and address the issue of access to STI medications. The project will expand training and provision of family planning methods at mid-level facilities, and continue training rural midwives in maternal health and family planning skills, further increasing couples' options. Safe motherhood activities will improve the quality of care delivered to pregnant women, while implementation of the World Health Organization's (WHO) Integrated Management of Childhood Illnesses (IMCI) approach will improve quality of care and health outcomes for children. Regional undergraduate medical and nursing education activities will continue training to meet the health care needs of the population. Principal contractors/grantees: American International Health Alliance (prime), TBD.

Reduce Transmission and Impact of HIV/AIDS (\$907,000 FSA). USAID's Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY) will assist with implementation of Kyrgyzstan's HIV grant from the Global Fund to Fight AIDS, TB, and Malaria (GFATM). Technical assistance will strengthen institutional capacity of non-governmental organizations (NGOs) through more effective counseling, testing, and antiretroviral treatment skills, including management of HIV and TB co-infection. Pilot activities will develop models to advance integration of HIV/AIDS prevention and control efforts with ongoing health sector reforms, including a strengthened role for the primary health care system. The U.S. Centers for Disease Control and Prevention (CDC) will continue to develop the country's HIV surveillance

and blood screening systems and implement the Applied Epidemiology Training Program (AETP). The Drug Demand Reduction Program (DDRP) will continue its work to prevent drug use among high-risk populations such as youth, prostitutes, prisoners, and migrants, through media activities, outreach programs, and service delivery. NGO grants will provide innovative services to reduce drug use, expand treatment options, and strengthen the professional response. Principal contractors/grantees: John Snow, Inc. (JSI) (prime), Population Services International (PSI) (sub), CDC (prime), Alliance for Open Society International (prime), AIDS Foundation East West (sub), and Internews (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub).

Prevent and Control Infectious Diseases of Major Importance (\$624,000 FSA). The TB Control Program will complete a range of assessments on laboratory capacity, drug management, community mobilization, and policy to improve the quality of implementation of the WHO approach to TB control known as DOTS. A best practices pilot site will be established in Bishkek City to demonstrate clinical results, while a high level working group will be established to solidify policy changes. CDC will continue activities to introduce an electronic system for national TB surveillance. Principal grantees: Project HOPE (prime), CDC (prime), Academy for Educational Development (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

**FY 2006 Program:** Enhance Health Systems Capacity (\$1,817,000 FSA). QPHPHC will continue to solidify Kyrgyzstan's progress in health sector reform. Pilots will begin to demonstrate outcomes of increased integration of services, such as HIV and TB treatment and care, into the primary health care system. The project will continue to integrate family planning and reproductive health services into the reformed primary health care services. Safe Motherhood activities will be extended to additional oblasts. Efforts on IMCI and other child survival interventions will integrate findings from new infant mortality data available through earlier research and other activities. Principal contractor: TBD.

Reduce Transmission and Impact of HIV/AIDS (\$1,004,000 FSA). CAPACITY will continue to implement activities, and may assist Kyrgyzstan with a new application to the GFATM. CDC will expand its surveillance work and intensify efforts on training officials to use the data. Blood safety efforts and the AETP will continue. DDRP will begin to disseminate successful models. Principal contractors/grantees: John Snow, Inc. (JSI) (prime), Population Services International (PSI) (sub), CDC (prime), Alliance for Open Society International (prime), AIDS Foundation East West (sub), and Internews (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub).

Prevent and Control Infectious Diseases of Major Importance (\$909,000 FSA). A pilot site in a Kyrgyzstan prison will be launched to develop better coordination between civilian and penitentiary TB systems. Training will continue on quality control for laboratories, monitoring, and primary care. A small grants program will create opportunities for operational research. Principal grantees: Project HOPE (prime), CDC (prime), Academy for Educational Development (prime), Johns Hopkins University Bloomberg School of Public Health (sub), JSI (sub), New Jersey Medical School National TB Center (sub).

**Performance and Results:** Reforms continue to progress and demonstrate significant results. Hospitals involved in reforms have decreased utility expenses by almost 50%, while salaries for some primary health care positions are greater than those of staff in hospitals, increasing their appeal. In 2003, 29% of health funds went toward primary health care, as compared to 19.5% in 2001. The government's commitment to address the scourge of infectious disease is also apparent in two successful grant applications to the GFATM, \$17 million for HIV/AIDS and almost \$3 million for TB. Technical assistance for TB control has begun to show results. The country had a 14% reduction in the TB mortality rate, from 13.9 deaths per 100,000 people in 2002, to 11.9 in 2003, while registered TB incidence also decreased by 1.7%. During FY 2004, USAID designed and awarded two new regional programs to provide technical assistance in these priority areas: CAPACITY and the TB Control Program in Central Asia. USAID's health programs in Kyrgyzstan are designed to increase the use and quality of primary health care

services for underserved populations. In so doing, USAID will meet the challenge posed by the double burden of infectious and non-infectious diseases that increasingly affects the people of Kyrgyzstan.

## US Financing in Thousands of Dollars

Kyrgyzstan

116-0320 Health and Population	FSA
<b>Through September 30, 2003</b>	
Obligations	19,336
Expenditures	15,221
Unliquidated	4,115
<b>Fiscal Year 2004</b>	
Obligations	5,727
Expenditures	4,313
<b>Through September 30, 2004</b>	
Obligations	25,063
Expenditures	19,534
Unliquidated	5,529
<b>Prior Year Unobligated Funds</b>	
Obligations	2,475
<b>Planned Fiscal Year 2005 NOA</b>	
Obligations	3,900
<b>Total Planned Fiscal Year 2005</b>	
Obligations	6,375
<b>Proposed Fiscal Year 2006 NOA</b>	
Obligations	3,730
Future Obligations	4,150
Est. Total Cost	39,318

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